



Salt River Pima-Maricopa Indian Community
Police Department Records Division

10,005 East Osborn, Scottsdale, AZ 85256
Phone: (480) 850-8297 Fax: (480) 850-8238

POLICE REPORT REQUEST FORM

Date of Request: _____

1. Name of Individual whom Records pertain: _____

2. Description of Information Requested:

☐ SRPD Incident Report# (if known): _____ Date: _____ Time: _____

If report # is unknown please provide incident type: _____

Location: _____

Address/Cross Streets

☐ Property & Evidence Bureau Request:

☐ Copy of VHS..... # of Copies: _____

☐ Copy of Audio Tape..... # of Copies: _____

☐ Copy of DVD to VHS..... # of Copies: _____

☐ Photographs: *The cost of reprints of photos is \$5.00 up to 12 photographs. Additional fees associated with special orders to be determined by CSS Personnel.*

3. Describe reason for information requested (Specific detail): _____

Name & Address of Requester: _____ Phone Number: _____

Signature of Requester: _____

Make Check Payable to: Salt River Police Department

Mail Request to: Salt River Police Department
10,005 East Osborn
Scottsdale, AZ 85256

-FOR DEPARTMENT USE ONLY-

☐ Confidential Information Request

☐ Non-Confidential Information Request

☐ Your request was **DENIED** based on the following reasons:

- ☐ Report is held by the Maricopa County Attorney's Office.
- ☐ Report is held by the Salt River Tribal Prosecutor's Office.
- ☐ Report is pending on-going investigation.
- ☐ Juvenile(s) involved.

Received: _____
Records Clerks Initials & Date

Released: _____
Records Clerks Initials & Date